

CITY OF FRANKLIN
SANITATION AND ENVIRONMENTAL SERVICES

417 CENTURY CT
FRANKLIN, TN 37064

615-794-1516 Service 615-794-4572 Billing Fax: 615-791-3289

APPLICATION FOR COMMERCIAL GARBAGE DISPOSAL SERVICE

Acct. No. _____

Name of Business: _____

Location of Business: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Person: _____ Phone Number: _____

Location of Container (rear, side, etc.): _____

Type of Container: (Please Circle One) Dumpster Roll Out Cart

If type of container is a dumpster, do you own _____ or Lease _____ from _____

Number of Container(s): _____

Requested Day(s) of Pickup for Dumpster: (Please Circle) Mon Tues Wed Thurs Fri

(Subject to change based on City schedule)

Date for service to begin: _____

I hereby make application with the City of Franklin Sanitation and Environmental Services Dept. for dumpster or roll out container garbage disposal service. In the event that I no longer need the service, I will notify the Sanitation and Environmental services Dept. so that billing will be discontinued. I acknowledge that failure to receive a bill will not release me from payment obligation or waiver of penalties. I further agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, legal, attorney fees and otherwise.

Signature

Printed Name

Title

Date

Office Use Only:

Copy: SES via Fax/Email to billing: _____ date _____ clerk _____